

(Corrected Copy)

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/565385

FILING DATE

APPLICANT(S)

Paid Amend.

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3		1		1		
4	/		/			
5	/		/			
6	/		/			
7	/		/			
8		1		1		
9		1		1		
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TOTAL IND.	6					
TOTAL DEP.	5					
TOTAL CLAIMS	11					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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